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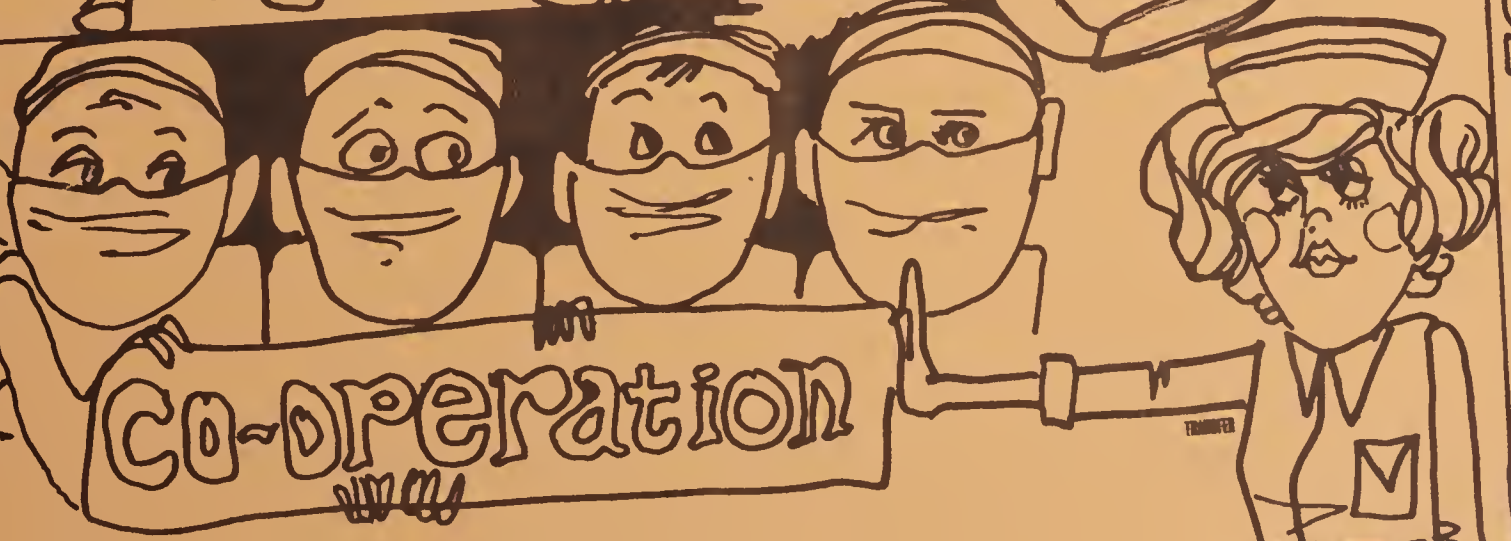
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THE MEDICAL SOCIETY
UNIVERSITY OF TORONTO
TORONTO 5, CANADA

THE AURICLE is the official monthly bulletin of the Medical Assembly, and is intended as the main communication medium for the Medical Society.

Comments in the form of suggestions, criticisms, and contributions from staff or students will be appreciated.

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editorial

I was becoming quite disturbed recently about the future of the Auricle. You are no doubt aware of the fact that of the six issues proposed for the year 1968-69, only two issues have thus far been published. In addition, the elections are near at hand, and not too much in the way of information has been relayed to the students by their elected representatives.

In January, the Assembly members became very pessimistic about their roles and the future of student involvement, and more precisely, about the fate of the Medical Assembly. As far as the students were concerned, it was clear that assembly members were shirking their duties.

It all boiled down to the fact that effective use of the Auricle had not been made. For all its aesthetic appeal, the second issue was a far cry from an informative students' bulletin.

And all of a sudden, the third issue materialized before my very eyes. This was an issue! containing informative reports from committees, and comments on practically all of the events and affairs of the Assembly during 1968-69 until the present.

So our representatives had been doing their jobs after all. To tell the truth, I was quite relieved, for an uninformed student body was, to me, an apathetic student body, and one which could not function efficiently in the framework of a complex educational institution.

I would like to thank Stan Kushnir in his capacity as Special Editor, and myself for the cartoon concepts.

P.H.

From the President

With the publication of this third and largest edition of the Auricle, the Medical Society Assembly enters a new phase in its attempts to communicate with all the students in the Faculty, and to be relevant to their needs.

The main feature is a chronological summary of the major events in this Faculty which affect, directly or indirectly, the lives of Medical students. This summary will continue in future editions of the Auricle. It is hoped that by reading these, each student will have a better idea of how decisions which affect him are being made, and of how the students on the Assembly are working on his behalf to constructively affect these decisions, and most important, each student will know the decisions that are being considered, so that if he has a particular concern, he can indicate this and participate in the making of these decisions.

It is hoped that these summaries will give each student an understanding of the problems that confront the Faculty of Medicine, the problems in education, finances, health care, that doctors now, and in the future, must contend with.

We hope that everyone will have the opportunity to read this Auricle over the next week or so: it will provide a valuable background that will help each student face some of the problems that he will encounter as a student. Next year, with the introduction of the New Curriculum, and other changes in the Faculty, students will have a greater responsibility in the evaluation and administration of their education: students must be informed if they are to fulfill this responsibility.

Changes amongst students are also taking place now, so that in the future, students will be better able to participate with staff in the conduct of a medical educational programme.

The Medical Society Assembly is finally preparing a statement of educational policy which will be used in the future as a basis for participation and discussion by students on Faculty Committees; this will be published in the next issue of the Auricle. Preparations are now underway to revise the Constitution to provide a more flexible and efficient student organization; this will be a drastic alteration and will greatly affect the nature of the upcoming elections.

Information about these changes and the elections will also be published in the next issue of the Auricle.

Also included in this issue is the Brief to be submitted this month (February) to the Committee on Curriculum and Examinations concerning the students' relationship with that committee. It would be helpful if students read this, as it may be necessary to evaluate the student's reaction to this Brief. The background of how the need for this brief arose, is included in the Summary of Events.

If there is any topic on which a student would like further information, or if an item mentioned here requires further clarification, the Class President should be told; and the information will be included in the next issue. If anyone is interested in commenting on the information presented, he should submit this to his Class President, and it will be included in the next issue.

We hope that the information presented here will be of some value to students who up to now, have been unfamiliar with the nature and details of the drastic changes that have been occurring in the Faculty of Medicine.

Stan Kushnir

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EVENTS IN THE FACULTY OF MEDICINE

THE ACADEMIC YEAR 1968-69

The following is a chronological summary of the meetings of four organizations in the Faculty of Medicine whose deliberations affect medical students. These are:

1. The Faculty Council: a group of more than 400 staff which must approve all decisions before they become policy of the Faculty of Medicine; five students attend meetings of this Council as assessors; normally, the Council meets only once every other month.
2. Curriculum and Examinations Committee: the members of this Committee are the Heads of Departments of the Faculty of Medicine; it is a standing Committee of the Faculty Council; it functions unofficially as the executive committee of the Faculty Council.
3. Student Affairs Committee: this is a standing Committee of the Faculty Council; it is made up of five students and five staff; it may consider all matters relating to the undergraduate students.
4. Medical Society Assembly: this is the Council of the Medical Undergraduate students; it is made up of students elected and appointed by undergraduate students. It discusses all matters which are of concern to medical students.

SEPTEMBER 17:

CURRICULUM AND EXAMINATIONS

- the Committee adopted the recommendation of the STRIKING COMMITTEE that, in addition to administering the course, the B.Sc.(Med) sub-committee be asked to give further consideration to the future of the B.Sc. (Med) course.
- the Committee examined the recommendation of the Curriculum Committee concerning the introduction of the new curriculum. The recommendations were accepted with the following conditions:
 1. that students in Period III may take their elective time as free time in the first year of its operation. If they did so, they would not be eligible to take a straight internship unless they made up the time.
 2. students who fulfilled the requirements of Period III be allowed to take a straight internship, except as per #1.
 3. that the College of Physicians and Surgeons examine the implications of the straight internship and give serious consideration to granting limited licenses in some cases.
 4. it is the Committee's understanding that adequate financial support will be available for clinical clerks.

SEPTEMBER 27: FACULTY COUNCIL

- appointments; Dr. I. B. Fritz; Director, Banting and Best Department of Medical Research; Dr. R. Badgley, Director of Division of Behavioural Science.
- changes in the final examination timetable of the second medical year proposed by the class involved and approved by the Heads of Departments, were approved.
- it was decided to implement the new curriculum subject to various constraints. The times of starting are: Period 1A- September, 1969; Period 2A- January, 1970; Period 3- June, 1969. The Dean stated that there is every reason to believe all the prerequisites requested by the third year students for the clerkship can be implemented.
- the Dean announced lectures would not be cancelled for the Gairdner Foundation lectures.

OCTOBER 3: MEDICAL SOCIETY ASSEMBLY

- the revised Constitution was discussed and approved
- the operating budget for the year 1968-69 was approved with the following provisions: that a report be presented in January on the future of the Journal; that a proper budget be submitted by the M.A.A.; that further consideration be given to the budget for the M.W.U.A.
- a committee was established to write a brief to the President's Advisory Committee on Discipline.

OCTOBER 15: STUDENT AFFAIRS

- copies of lists of Faculty members who have expressed a willingness to act as student advisors for the coming session were distributed.
- a letter from Dr. Thompson which raised the question of the implications of the MacPherson Report on admissions to the Faculty of Medicine was deferred for the present; in particular, the future of the Pre-Medical course was raised.
- the members of the three sub-committees (Awards, Admissions, Appeals) were selected; this year, the chairman of these committees are permanent members of the committee on Student Affairs; criteria used by the chairman in selecting members of their sub-committees were as follows: Dr. Thompson (Admissions) "should hold a medical degree, should have an interest in students and student affairs, and should also be interested in admissions". Dr. Langer (Appeals) and Dr. Little (Awards); members of last year's committee were appointed on the basis of "their performance last year, their willingness to act, and their interest in the affairs of the sub-committee".
- the question was asked whether the meetings of the Student Affairs Committee should be open to all those interested in attending; a motion was proposed and tabled for further discussion; "that this

- the question was asked whether the meetings of the Student Affairs Committee should be open to all those interested in attending; a motion was proposed and tabled for further discussion; "that this committee allow any member of the academic staff, and students enrolled in the Faculty of Medicine, University of Toronto, to attend meetings as observers, with the right to speak granted only at the discretion of the committee"; this request for open meetings was a matter of principle rather than a lack of confidence in committee members or an inadequate system of communication.
- a report of the ad hoc committee on admission into the Faculty of Medicine with advanced standing was discussed.

NOVEMBER 5: STUDENT AFFAIRS

- motion concerning the question of whether meeting of the committee should be open was passed
- the form used for appeals was revised; it was pointed out that the secretary in the Student Affairs Office will arrange appointments with counsellors for students requiring advice in filling in petitions.
- a report was received from the special student counsellor, Mr. Ross; it is valuable to have such a person, who is familiar with the problems of medical students, but not a member of the staff of the Medical Faculty, available for consultation on a 24-hour basis.
- principles governing the operation of the Sub-committees on Appeals and Admissions were outlined to the members present.
- a sub-committee was established to prepare a brief to the Presidential Advisory Committee on Disciplinary Procedures.

NOVEMBER 5: MEDICAL SOCIETY ASSEMBLY

- the Assembly was told of recent meetings of the Department Heads which had discussed proposals for reorganization of the Faculty: students have participated in some of these discussions.
- it was decided that the Medical Society president would request that students receive a copy of the agenda of the Committee of Curriculum and Examinations, and that he be permitted to attend when matters of direct concern to students were discussed.
- Mr. Dave Hilton was appointed as W.U.S.-Service representative.
- allotments were made to the M.W.U.A. and also to the M.A.A. with the provision that the M.A.A. ensure the return of sports equipment and that the consideration of the M.A.A. banquet be deferred.
- a committee was established to consider the question of the relationship of the Medical Society to the S.A.C.

NOVEMBER 12: CURRICULUM AND EXAMINATIONS

- the Dean reported that the Senate approved the new curriculum without amendment at its meeting on November 8th.
- "The Dean reported that the president of the Medical Society has requested that a copy of the agenda of Curriculum and Examinations meetings be sent to him, and that when matters of direct concern to students are to be discussed, he may be permitted to attend, having obtained prior consent of the Dean. The Committee was unanimous in its decision that this request not be granted. It was pointed out that students have the opportunity of raising questions relating to decisions made by the Committee of Curriculum and Examinations at Faculty Council meetings."
- The report of the B.Sc.(Med) Committee was discussed and it was agreed that the programme for undergraduates should be discontinued; after further discussion, it was also agreed that the programme for graduates should be discontinued. -
- a report of the ad hoc committee on examinations was discussed; it was decided that students seeking admission to Period II be admitted in one of two ways: a. without examinations b. on the basis of oral examinations as specified by the sub-committee on admissions. The amendment proposed by the committee on Student Affairs that the requirement for the lapse of one year before permitting a second attempt at examinations be deleted, was accepted; a second amendment by the committee on Student Affairs that the examinations may be oral "or additionally, written examinations at the discretion of the examiners, taking into consideration the preference of the student, if expressed ..." was not supported.
- the committee adopted a policy statement on the use of audio-visual aids in the Faculty's educational programmes
- the committee approved the following dates of 7½ week terms for Period III, 1969-70:

Monday, June 9th-Tuesday, July 29th; Thursday, July 31st-Friday, Sept. 19th;
Monday, Sept. 22-Tuesday, Nov. 11th; Thursday, Nov. 13th-Friday, Jan. 2nd;
Monday, Jan. 5th-Tuesday, Feb. 24th; Thursday, Feb. 26th-Friday, April 17th
- a committee recommended that the Medical Council of Canada examinations for 1970 begin on April 29th, 1970, with May 6th as an alternate date.
- "The committee discussed at great length, the course of action to be followed in expressing its displeasure at the editorial which appeared in the Varsity on November 11th. After considerable debate, it was agreed that the Dean should speak to the president of the Medical Society, conveying to him the feelings of the committee, and expressing the hope that the students will take appropriate action."

NOVEMBER 19: STUDENT AFFAIRS

- this meeting was cancelled because of another committee meeting at the same time.

NOVEMBER 19: CURRICULUM AND EXAMINATIONS

- the committee discussed the proposed revision of the Constitution of the University of Toronto Medical Society, and agreed to recommend the Constitution to the Faculty Council for adoption subject to an amendment deleting membership of the 2nd Pre-medical year and also with the request that certain other items be brought to the attention of the students for further consideration.
- it was decided that membership on the Committee on Curriculum and Examinations should be limited to Heads of Departments and Associate Deans, "and that when appropriate, other people might be invited to attend specific meetings, with the prior consent of the members of the committee. Such people should be present only during the discussion of the particular topic which is of concern to them."
- it was decided to postpone discussion of proposals relating to Faculty organizations which had previously been discussed.
- the following sub-committees were established:
 - to study the objectives of the Faculty for its medical programmes;
 - to outline the role of a Department chairman;
 - sub-committee on Faculty-University-Government relations;
 - sub-committee on Staff and Facilities.

NOVEMBER 26: CURRICULUM AND EXAMINATIONS

- there was some discussion on how to deal with the proposal for establishing a Health Sciences Faculty
- a letter was received suggesting that the timing and format of Medical Council of Canada examinations be altered so that they be written after at least six months into the internship year; it was decided to send copies of this letter to the undergraduate and post-graduate student organizations for comment.
- it was decided to circulate the proposals for reorganization of the Faculty to all members of the Faculty Council, with a covering letter indicating that the document has no official status, but is a recommendation for a possible organization of the Faculty.
- a letter was received from Mr. S. W. Martin, Chairman of O.H.S.C., relating to the recommendations of the Senior Co-ordinating Committee concerning the Faculty submission on staff and hospital facilities required for its educational programmes; it was agreed that Mr. Martin's letter and the accompanying letter from Vice-President Hamilton be circulated to all members of the Faculty Council and be placed on the agenda of the next Faculty Council meeting.

NOVEMBER 28: MEDICAL SOCIETY ASSEMBLY

- two resolutions were adopted, one dealing with the relationship of the students and the committee on Curriculum and Examinations, and

the other dealing with the participation of students in decision-making processes in the Faculty of Medicine; these resolutions are to be presented at the next Faculty Council meeting. (they are outlined in greater detail below)

NOVEMBER 29: FACULTY COUNCIL

- before proceeding with the formal agenda, the Dean made a short introductory address. He indicated that because of size, because of inadequate methods, or ineffective use of existing methods, communications had broken down between the various levels- government, university, medical school. This lack of communication had inevitably led to unrest, anxiety, and distrust. He indicated that the Faculty must focus attention on three major areas: 1. the undergraduate curriculum 2. examination and assessment of the Faculty's method of conducting its business; and 3. a request from the Provincial government for the requirements of all space for educational purposes in each of the teaching hospitals; in addition, these requirements must be integrated into a unified programme for undergraduate, post-graduate and research activities. He then outlined the history leading up to this meeting: during the past year, the Board of Governors of the University had sought the advice of a group of medical consultants, and their report had been referred to a newly created committee of the Board of Governors, known as the Medical Survey Committee, whose terms of reference are in part: "To consider and recommend to the Board, the means of effecting a nature of co-ordination and integration of the Health Sciences within the University and in relation to the various teaching or affiliated hospitals". Five members of the Faculty were appointed to meet with members of this committee of the Board. At a later meeting, the Dean was instructed to submit a statement of the Faculty's requirements for graduate and post-graduate facilities, and as a result of a major effort during the summer, by Chairmen of Departments, a document outlining the Faculty's requirements for space, staff and facilities, by Department and by Hospital, was produced. During September, this report was presented to the Medical Survey Committee, and subsequently to the Senior Co-ordinating Committee of the government. (It should be pointed out here that the Senior Co-ordinating Committee is a small group which recommends policy on health care and related matters to the Government of Ontario.)
- it was decided that a committee elected by and from the Faculty Council, review the plans, proposals, and decisions made for the Faculty of Medicine by the Health Sciences Committee of the Board of Governors (known as the Borden Committee), and report back with recommendations.
- it was decided that advisors from the Faculty to the Health Sciences Committee should be elected by and from the Faculty Council, and should report back to the Council from time to time.
- a motion was proposed concerning the decision-making process in the Faculty of Medicine. The wording proposed by the Medical Society

and decided that the constraints indicated were "not compatible with the educational objectives of this Faculty" and instructed its advisors to the Health Sciences Committee "that a decision should not be made as to allocation of resources for the development of the teaching hospitals, including Sunnybrook Hospital, until the Faculty has had an opportunity to re-examine the situation."

- a letter was received from the Minister of Health, Dr. Dymond, requesting the production of "extra graduates in a hurry" from Ontario medical schools; this subject was referred back to the committee on Curriculum and Examinations.
- a Department of Preventive Medicine was re-established within the Faculty after a period in the School of Hygiene.
- a committee was established to submit a brief to a recently established commission to examine the relations between universities and governments.

DECEMBER 10: CURRICULUM AND EXAMINATIONS

- following a question, the Dean stated that the terms "Curriculum and Examinations Committee", and "Heads of Departments Committee" were synonymous.
- a brief was received from the Professional Association of Internes and Residents. The portion of the minutes dealing with this brief is quoted here:

The members of the Executive of the Association were invited to present their brief at the meeting and participate in any discussion arising from it. Those attending were: Drs. H. Scully, M. Thompson and J. Mount.

Dr. Scully stated that the aims of the Association are set out in the brief. Already satisfactory progress is being made in the areas of communications and education.

The members of the Association have been most active in the area of remuneration. Meetings have been held with the O.M.A., with the O.H.A. Sub-Committee on Remuneration of Internes and Residents, with the Joint Hospitals Committee, with the Medical Advisory Boards of various hospitals. The O.M.A. supports the three aims of the Association, and accepts and supports the figures it has recommended with the understanding that they be implemented over a period of a year to 18 months. The O.H.A. Sub-Committee has agreed in principle that the current level of income is inadequate, but has not yet made a recommendation concerning an adequate income. However, they have set up a sub-committee to study this. The O.H.A. committee has met with a group from the O.M.A. to discuss the matter of remuneration and will be meeting with the sub-committee of the Joint Hospitals Committee and probably representatives from the Association of Internes and Residents.

Assembly was eventually adopted: "that a committee be elected by this Council, from this Council, undergraduates, graduates, and representatives of P.A.I.R.T., to consider and to make recommendations for effective participation by the Faculty, students, and resident staff, in decision-making processes relating to the business and affairs of the Faculty of Medicine." A nominating committee was established to bring forward a slate for this committee.

DECEMBER 3: STUDENT AFFAIRS

- this meeting was cancelled because of the Faculty Council meeting.

DECEMBER 3: FACULTY COUNCIL

- it was decided that in 1969-70, 175 students would be admitted to Period I and that the class would be increased the following session to 200 by the admission of 25 B. & M. and other advanced standing students.
- the B. Sc.(Med) programme for undergraduates and graduates was abolished on the advice of the committee on Curriculum and Examinations.
- admission requirements for candidates with advanced standing were approved as suggested by the ad hoc committee, and certain amendments proposed by the Student Affairs Committee were also approved.
- the Constitution of the Medical Society was referred to the Heads of Departments Committee before final approval.
- on the decision of the Committee of Curriculum and Examinations not to circulate agendas to the president of the Medical Society in order that students may request permission to attend meetings at which they consider matters of direct concern to students are being discussed, the Medical Society Assembly instructed the president to make the following motion:
 - "1. that the Faculty Council defer adoption of this section of the minutes of the Curriculum and Examinations Committee;
 - 2. that this question be referred back to the Committee on Curriculum and Examinations;
 - 3. that the Committee and then the Faculty Council receive a brief on this question in January from the Medical Society Assembly before a final decision is made."

This motion was carried.

- the report from the Student Affairs Committee was withdrawn because of controversial wording of certain sections.
- the Council considered the letter from Mr. Martin (indicated above)

The Sub-Committee of the Joint Hospitals Committee has recommended a salary scale ranging from \$5,300 for junior internes to \$8,900 for chief residents, effective January 1, 1969 to December 31, 1969. This is not acceptable to the Residents' Association.

The present salary scale ranges from \$4,500 for a junior interne to \$7,800 for chief resident.

The salary scale recommended by the Association of Internes and Residents is as follows:

	<u>Jan. 1/69-June 30/69</u>	<u>July 1/69-Dec. 31/69</u>
Junior Interne	\$5,000	\$6,000.
1st year resident	5,600.	6,800.
2nd year resident	6,200.	7,600.
3rd year resident	7,000.	8,500.
Assistant Resident		
(4th year)	7,800.	9,400.
Resident (4th or		
5th year)	8,000.	9,750.
Chief Resident	8,600.	10,550.

It is further recommended that the salary scale proposed in the brief be implemented in January, 1970. The latter is the scale presented to and accepted by the O.M.A. To date this scale has been presented to the Medical Advisory Board of only one teaching hospital, where it received support, but it will be presented to all others.

Dr. Scully compared the salary scale recommended by the Association of Internes and Residents with that offered by the teaching institutions in several major U.S. cities and showed that it compared favourably with their figures. He pointed out that the cost of living in Toronto is among the highest on this continent.

He then proceeded to compare the proposed scale of incomes with that of members of other professions at comparable stages in their training.

In conclusion, he stated that two compelling reasons for accepting the proposed scale are:

(1) The disparity in salaries which exists between this city and major U.S. centres tends to attract people to the United States and thus deprives Canada of valuable professional people.

(2) Under the present scale of remuneration, internes and residents are unable to maintain a standard of living comparable to their peers in other professions.

Other methods of supplementing incomes have been investigated, such as the use of Staff Association funds, and educational grants. Neither of these is a possible source. As a result, many residents are forced to resort to "moonlighting", but it is anticipated that if adequate support could be provided, about 95% of those practising moonlighting would cease to do so.

The Dean stated that the committee will give careful consideration to the ideas and recommendations contained in the brief and inform the members of the Association of the results of this discussion.

In the discussion which followed, it was pointed out that it is not within the jurisdiction of the Faculty to make firm recommendations concerning remuneration, although it could express support in principle of their request for increased income.

A motion was proposed stating that the members of the committee wish to thank the residents for the document, that they express general agreement with the objectives and methods, and in particular, support for their attempt to establish a satisfactory and reasonable scale of remuneration.

There was general agreement that the brief was well prepared and merited support. The motion carried.

- it was decided that the proposals for faculty reorganization set out in a document prepared recently by the Heads of Departments, should be circulated to the faculty; it was hoped that this might offer some solution to the problems which have resulted from the feelings of distrust which have developed both as a result of lack of communication and inadequate decision-making mechanisms in the Faculty of Medicine.

DECEMBER 11:

FACULTY COUNCIL

- reports were heard from the representatives of this Faculty who attended the meeting with the Senior Co-ordinating Committee the previous week; discussion centred on the previously mentioned letter from Mr. Martin, Chairman of the O.H.S.C.; topics included - number of teaching beds requested, research facilities in teaching hospitals requested, commitments for the development of Sunnybrook Hospital as a teaching hospital.
- a report was received from the committee established at the Faculty Council meeting of November 29th, 1968 to review the plans, proposals and decisions made for the Faculty by the Borden Committee of the Board of Governors; as a result of discussion on this report, the following motion was proposed and adopted: "that the review committee recommend the creation of an independant planning group of the following members: the Vice-President, Health Sciences, the Dean of the Faculty of Medicine, the Chairmen of the Clinical Departments, three Chairmen of the Basic Science Departments, and a representative of the Medical Advisory Boards, Boards of Trustees, and Hospital Administrators of each University Teaching Hospital. The purpose of this committee would be to co-ordinate

any plans to be submitted to the government for approval."

- the Dean reported on the membership of two committees: one was the Ad Hoc Committee on Professional Activities in Clinical Teaching Units, and the other was the Ad Hoc Committee to prepare a brief for submission to the Commission on Relations between Universities and government.

DECEMBER 13:

CURRICULUM AND EXAMINATIONS

- this meeting was mainly concerned with the location of laboratory space for Period II. The discussion revolved around three possibilities: 1. renovation of the Banting and Best area 2. use of space in the new Medical Sciences Building, originally planned for other purposes and 3. renovation and use of space in the Anatomy Building. It was decided to investigate the possibility of renovating the Anatomy Building to provide for the required facilities.
- there was a discussion of possible agenda items for the Independent Planning Committee, established at the previous Faculty Council meeting.

DECEMBER 17:

STUDENT AFFAIRS

- discussion centred on briefs prepared for the Presidential Committee on Disciplinary Procedures.

JANUARY 3:

CURRICULUM AND EXAMINATIONS

- topics discussed included: formation of a committee to submit a brief from the Faculty of Medicine to the Committee on University Government (C.U.G.); a report of the Ad Hoc Committee on Professional Activities in Clinical Teaching Units; possible replies to the letter from Dr. Dymond, requesting production of more medical graduates; various communications received by the Dean.

JANUARY 6:

FACULTY COUNCIL

- the report of the Ad Hoc Committee on Professional Activities in Clinical Teaching Units was received; "the Dean recorded that this special meeting of Faculty Council was held primarily to receive the report of the committee set up to study the documents which had been prepared by the Canadian Medical Association on remuneration, and the document prepared by one of the other Universities and examined by the Ontario Council of Deans." These documents dealt with various principles of practice concerning the charging of fees by the medical teams rendering service in Clinical Teaching Units of University or University-affiliated hospitals. Various alterations suggested by this committee were adopted.

- there was discussion about a possible reply to the letter from the Minister of Health, concerning possible methods by which the medical personnel might be increased; discussion on this topic included the opinion that increasing the number of students would adversely affect the quality of training, and that other solutions to the problems might exist by increasing the number of paramedical personnel or by improving methods of delivery of health care. It was decided that the Dean should "appoint a task force to study the feasibility of carrying out the suggestion of the Minister of Health".
- the Dean announced that Dr. Thompson of the Department of Anatomy had been elected a member of the Presidential Advisory Committee on University Government; the resolution suggested by the Committee on Curriculum and Examinations was adopted: "that a committee composed of Dr. Drucker and Dr. Connell be appointed to prepare a brief on behalf of the Faculty of Medicine on the question of University government. The committee should have power to add, to select its own Chairman, and should consult widely."
- the Dean reported that a Presidential Committee had been set up to appoint a successor to Dr. McDonald, Associate Dean, Post-graduate Education, who will be retiring at the end of the current session.
- The Dean reported that a two-day seminar is being organized by representatives from seven professional schools at this university, to discuss mutual problems in continuing education; representatives from this Faculty were appointed.

JANUARY 9:

MEDICAL SOCIETY ASSEMBLY

- reports from each organization and committee represented on the committee were received. There was a prolonged discussion on: some of the recent developments in the Faculty, and evaluation of student participation over the last two years, the role of students in the present situation, and the future of student activities in the Faculty. It was generally agreed that students had not significantly altered any basic policies of the Faculty, but they had some influence in specific areas such as the Period III curriculum and the Electives programme; it was also felt that valuable information had been gained from student participation in Faculty committees, and that the start of dialogues between some students and staff which had already taken place, had been of value. Since this matter was of such importance, it was decided to discuss it further at a later meeting.
- a request was heard from representatives of the Student Health Organization (S.H.O.U.T.) for funds from the Medical Society to assist the proposed store front medical centre in a needy part of the city; it was decided to defer a decision to the next regular meeting of the assembly.

JANUARY 13: MEDICAL SOCIETY ASSEMBLY

- there was further discussion on student participation in Faculty business, and the role of the Medical Society Assembly; the following motion was approved: "that the (student) committees as they stand now should continue to function and that 1. communications from the student to the (Faculty) committees and also from these committees to the students is maintained or is created, 2. that our goals should become involved to the extent that they are influencing and even changing the decisions of the (Faculty) committees; and that a committee be formed to investigate the actual desires, aims and objectives of this Assembly."
- a committee was established to prepare a brief to the Curriculum and Examinations Committee concerning student participation on that committee.
- a brief to the Presidential Committee on Disciplinary Affairs was approved.
- an observer was selected to the Faculty Committee to consider the decision-making process in the Faculty.
- representatives were appointed to the Aims and Objectives Sub-Committee of the Curriculum and Examinations Committee; the delegate is Mr. Dave Clarkson (III Meds) and the alternate is Mr. Ross Reid (I Meds).

JANUARY 14: STUDENT AFFAIRS

- there was discussion on the recommendations of the sub-committee on admissions concerning the pre-medical course; the following resolution was passed: this committee agrees with the submission of the sub-committee on admissions to abolish the pre-medical course, and concurs with the recommendations of the admission requirement as outlined in the document, except that the committee wishes that pre-requisite subjects be further examined." It was decided that the committee on Student Affairs, at a later time, should examine the pre-requisite courses required for entry into Medicine.

JANUARY 14: CURRICULUM AND EXAMINATIONS

- a communication from Mr. Martin of O.H.S.C. stating that the commission is prepared to accept, as a general rule, accommodation in the plans for the teaching hospitals in which clinical clerkships are to be provided at a ratio of one duty bed to three clinical clerks included in the programme.
- following a request from the Professional Association of Internes and Residents of Toronto, it was decided that four elected representatives from the post-graduate students registered in the Division of Post-graduate Medical Education of the University of

Toronto be accepted as voting members of Faculty Council.

- it was decided to accept the proposal of the sub-committee on admissions concerning the pre-medical course.
- there is a further revision of the document on Principles of Practice in Clinical Teaching Units.
- it was decided that the Committee on Faculty Participation in Decision-making should be asked to report its views at the Faculty Council meeting at the end of March.
- a nominating committee has been established for the independent planning committee.
- it was decided that the Curriculum and Examinations Committee would meet on a weekly basis beginning January 28th.

JANUARY 17: FACULTY COUNCIL

- the following recommendations of the sub-committee on admissions concerning pre-medical education were adopted: "it is proposed that all admissions to the first professional year in Medicine be from one of two possible patterns:
 1. any graduate of a recognized university may, as at present, be considered eligible to apply for admission provided he has:
 - a. one year university level courses (with laboratory), or their equivalent in: physics, biology or zoology, inorganic chemistry, organic chemistry.
 - b. taken the medical college admissions test.
 2. any student may apply for admission after completion of at least two years in the Faculty of Arts and Science, or in special circumstances in other Faculties of the University of Toronto, provided he has:
 - a. taken one-year courses (with laboratory) or their equivalent in: physics, biology or zoology, organic chemistry, inorganic chemistry.
 - b. has taken the medical college admissions test.

Note: courses will be obtainable which, while not the same as courses currently in pre-medicine, will be similar in content. Such courses can be designated by number if the Council of the Faculty of Medicine so rules."

- there was further discussion on the document on Principles of Practice in Clinical Teaching Units and it was decided that the document in its present form was unacceptable and should be referred back to the ad hoc committee appointed by Faculty Council, for further consideration.
- a number of post-graduate refresher courses were approved.

- copies of the brief to the commission on the relations between universities and government were circulated; discussion of this proposed brief was deferred until the next council meeting.

JANUARY 21:

STUDENT AFFAIRS

- it was decided that the following resolution be presented to the next meeting of the Faculty Council: "the Committee on Student Affairs recommends that a Study Group on Pre-medical Education be set up with the following membership; Dr. L. F. W. Roach (Chairman), Dr. R. Badgley, Dr. G. R. Williams, Dr. D. Fraser, and up to three student members, if the students wish to participate. This study group should have power to add, and should report on its deliberations to the Committee on Student Affairs, not later than November 30th, 1969. The study group should be charged to investigate all aspects of the requisites for admission to the Medical course, as well as the optimal length of preparation for admission to medicine."
- a motion was adopted, that all classes in the Faculty of Medicine be withdrawn for the Gairdner Foundation lectures.
- there was discussion on the policy of the Faculty to publish the results of final examinations in the form of grades rather than actual marks; marks do appear on "confidential transcripts", but are not released to students; it was agreed that the present marking system should undergo a careful examination, and it was decided to invite certain experts on evaluation in the Faculty to the next meeting.
- the following motion was approved: "that the Committee on Student Affairs recommends to Faculty Council that all departments make it a matter of educational policy to allow all departmental multiple choice examination question papers to be retained by students, and also that the correct answers to these examinations be posted promptly."

The above is a summary of the meetings for which minutes have been circulated. The next edition of the Auricle, to be published within a month, will contain the continuation of this summary. The following is a brief summary of meetings for which minutes have not yet been circulated:

JANUARY 30: MEDICAL SOCIETY ASSEMBLY

- a preliminary report from the Committee on Aims and Objectives of the Medical Society was approved in principle; it was decided that a final draft of this document would be prepared for the next meeting, and would also be circulated to the students.
- a preliminary report on a new concept for the organization and constitution of the Medical Society was approved in principle; a detailed revision of the new constitution will be printed and made available to all students.

- the brief to the Committee on Curriculum and Examinations concerning student participation on that committee was approved with minor alterations; it will now be forwarded to that committee and a presentation will be made in the near future to that committee and to the Faculty Council; the brief will also be circulated to all the students in the Auricle.
- following a presentation from the Executive of S.H.O.U.T. and a lengthy discussion, it was decided to give \$100. to the S.H.O.U.T. store-front medical centre.

JANUARY 31:

FACULTY COUNCIL

- motion from Student Affairs to set up a study group on Pre-Medical Education was approved.
- the motion from Student Affairs to make the distribution of multiple choice question papers and answers as matter of educational policy, was approved.
- it was decided to approve in principle, the new calendar for the Faculty of Medicine; the Committee on Student Affairs and the Curriculum Committee were jointly given power to review and amend the entries concerning the New Curriculum before these go to the printers.
- it was announced that Dr. K. J. R. Nighman, presently Chairman of the Department of Medicine, has been appointed Associate Dean, Postgraduate Education; a Presidential committee has been established to select a new Chairman for the Department of Medicine.

BRIEF

TO: THE CURRICULUM AND EXAMINATIONS COMMITTEE AND FACULTY COUNCIL

FROM: THE UNDERGRADUATE MEDICAL SOCIETY

CONCERNING: STUDENT PARTICIPATION IN THE DELIBERATIONS OF THE CURRICULUM AND EXAMINATIONS COMMITTEE

Approved by the Medical Undergraduate Society Assembly, January 28th, 1969.

It is becoming increasingly accepted, both in this Faculty and throughout university communities, that students have a valuable role to play in the moulding of the educational process. We would point for example, to the participation of students on University Committees such as the Discipline Committee, Commission on University Government, and to the many submissions made by students to the MacPherson Committee. Our own faculty has shown considerable sympathy towards this principle and undergraduates sit on several faculty committees.

At this time of change within our faculty, many new lines of communication are being developed. The Medical Society is re-evaluating its role in the light of these changes. We feel that our role in this area is perhaps threefold:

1. to assist in serving as a means of two-way communication between students and staff
2. to participate more directly in the making of decisions directly affecting students
3. to contribute more effectively to the general direction and development of the faculty

Evaluation of our performance on various faculty committees over the past two years has given us an appreciation of the types of contribution that we can make. There have been specific items which students have undertaken such as arranging elective programmes, but there are few basic policy decisions which would not have been made without students. Perhaps our biggest contribution to date is in establishing a rapport with committees such as the Period committees, Audio-visual and Elective committees, polling student opinion on issues and presenting it to the committees. The best example of this is the questionnaire on number of hours per week and types of educational session preferred by students. This was presented to Period II last year.

The Medical Society is placing increased stress on "educational" aspects. Our "service" functions such as the Journal, Probe, Daffydil, Athletic Associations, etc. are now run mainly by sub-committees of interested people, allowing the Assembly to devote most of its time to the broad field of education. Furthermore, the majority of members in the Assembly are those concerned with student affairs, curriculum planning and faculty liason. Thus the Medical Society feels it has an increasing role to play in Faculty decision-making.

The issue before us is "why should student opinion be presented directly to Curriculum and Examinations committee."

We submit that the Curriculum and Examinations committee considers questions of direct interest to students at a frequency sufficient to warrant the expression of their opinions earlier in the process of discussion than is now permitted. In fact, at many of the Curriculum and Examination meetings during the past 1½ years, at least one item has been discussed where students might have contributed.

The Curriculum and Examinations Committee meets often (weekly or bi-weekly) and acts in many senses, though unofficially, as the executive body for Faculty Council. Urgent items are often brought up de novo in Curriculum and Examinations for rapid action before they reach Faculty Council. Items are also referred to Curriculum and Examinations for further consideration from Faculty Council. In fact, often, items that are raised in Curriculum and Examinations do not appear on that committee's agenda.

The Status of Pre-Meds (Jan. 17/69) is one example this year that did require immediate action.

Furthermore, Curriculum and Examinations implements many of its decisions, and has active committees which have not yet been approved by Faculty Council, because of temporal constraints.

Some examples of this are the recommendations on Period II Seminar Laboratories (1/12/68), establishment of various sub-committees (5/9/68) and acceptance of a Report of the Faculty Advisory Committee on Audio-visual Resource (13/8/68).

Recent developments in the Faculty have necessitated this departure from strict procedure. Even the numerous recent special Faculty Council sittings have been unable to deal directly with all these matters, being largely directed at one or two pressing issues only per meeting.

There are no indications that a reversion to the theoretical decision-making processes will occur in the foreseeable future. We are therefore dealing with the real situation, not a theoretical one, when we state that effective student participation is often absent except at the ratification stage, (Faculty Council) or, on a few occasions, when the chairman of Student Affairs has had time to place Curriculum and Examinations issues on the Student Affairs Committee agenda as well.

No questions can be adequately evaluated and discussed at the Faculty Council, i. e., meetings are often rushed and as at some Faculty Council special meetings, the agenda may arrive the day of the meeting.

Practically speaking, some members of Faculty Council have no time to prepare themselves for the discussion. Furthermore, the Council is far too large to discuss the issue or come to a consensus de novo. Furthermore, it is in the interest of all concerned, that decisions be made only after considering all points of view. Thus, if the Faculty desires true student participation at an effective level, students must have access to the basic decision-making committees of which Curriculum and Examinations is the prime example.

Curriculum and Examinations retains the right to invite "other people .. to attend specific meetings with the prior consent of the members of the committee. Such people should be present only during the discussion of the particular topic which is of concern to them". (Nov. 19, 1968, 2/9/68). However, it is worthwhile to note that this happens infrequently and cannot apply to urgent situations, because the prior consent of the Curriculum and Examinations Committee is needed. Moreover, no student has ever been invited in this way by the committee. Particularly on November 12, 1968 (5/8/68 (d)), no member of the Medical Society was invited to present the initial request to which this brief is also directed.

The Faculty Committee on Decision-Making Processes may consider among other things, the relationship of the Student Affairs Committee to the Curriculum and Examinations Committee. For the sake of expediency, questions rightly in the province of the Student Affairs Committee have, in the past, been referred directly to the Curriculum and Examinations Committee, thereby making the Student Affairs Committee somewhat superfluous. Indeed, the Student Affairs Committee has not fulfilled its full function and the Society would welcome a more purposeful line of communication between staff and students.

For the above reasons, we request that a copy of the agenda of the Curriculum and Examinations Committee and Department Heads meetings be sent to the Medical Undergraduate Society President, and that when matters of concern to students are discussed, a representative of the student body be permitted to attend the deliberations of these committees.



PERIOD I

Period I goes ever on and on -- but there are a few points of interest to report.

1. Period IA- the "new" curriculum appears to offer precious little that is new in the teaching of the anatomies except that it will be done in half the time (or twice as fast!). They do hope to have clinicians assist in demonstrating in their areas of interest (e. g. obstetricians during study of the pelvis), but other than that, only the building and the audio-visual aids will be different.
2. For admission to Period I, a basic course in statistics will probably be required -- however, this requirement is met by most students already, and the required material will be noted in the calendar for those who do not meet it.
3. A real ray of light in the course appears to be the proposed studies in Behavioural Sciences. They will be aimed at exploring many of the aspects of medicine that one doesn't study directly, but rather experiences in the course of his formalized clinics and lectures -- for example: communication and interviewing, what it's like to be a patient, forensic issues in medicine, patience compliance; it will also include some discussion on psychology and psychological development in patients. The format will be varied -- 1 hour per week of formal sessions (equal numbers of lectures, laboratories, field exercises, and panel discussions) followed by one hour per week of small group discussions to reinforce the formal sessions. Thus the course will allow the student saturated in anatomy or physiology or something to get some patient contact, to see what being a doctor is really about -- in other words, a little contact with medicine itself and the various factors (social, psychological, medical) that affect disease. As the course is spread throughout the period, it will not be rushed or heavy in content, and will allow extra time for participation in field exercises, etc. if anyone wants it. Dr. R. Badgley, the co-ordinator for the programme, is keen on getting student views on all aspects of the course, and if anyone is interested in knowing more details concerning the tentative make-up of the course, please contact the Period I student members.
4. It has been decided that it is the responsibility of the B. and M. committee to consider direction of students now in first year B. and M., as regards to the programme they should follow in Arts and Sciences to enable eventual admission to Medicine. Thus the Period I committee will not consider this matter. They will, however, at a future date, be discussing modifications of Period I to admit students presently in second and third year B. and M.

Tim Allen 920-4280

Dick Hibbard

PERIOD II CURRICULUM COMMITTEE

The following report deals with the proceedings of the Period II Curriculum Committee of the Faculty of Medicine at U. of T. Readers of this report are referred to a previous report by the authors in the first issue of the Auricle in which previous decisions and terms of reference of the Period II Committee are explained.

September 11th marked the date of the first meeting of the Period II Committee during the 1968-69 academic year. The purpose of this meeting as proposed was to establish a starting date for Period II. It was noted that all seven major hospitals would be used for Period II teaching. The Committee passed a motion that Period II be started on January 1970 with certain "sine qua non" requirements as outlined in the meeting. These included: the availability of lockers, cloak rooms for students, parking and/or transportation for staff and students to and from peripheral hospitals, seminar labs equipped with adequate movie and slide projectors, to accommodate up to 12 students each, and that adequate lecture rooms be available.

On October 23rd, the Committee met again and discussed the sequence and time allotment for the various Systems. Period II is divided into three sections of 18 weeks each. Section IIA runs from January to May, Section IIB September to January, Section IIC, January to May; thus, from the second year of the New Curriculum, Section IIA will overlap. One week was scheduled at the end of each section for Study and Exams. This latter subject was the issue of prolonged debate, some wishing more time, others less. The entire subject of evaluation and examinations was deferred to a later date.

Period II is to consist of; didactic sessions each morning (some Systems plan up to 2 lectures and 2 seminars), and clinical portions in three afternoons. Thus far, two afternoons have been set aside for electives. This curriculum is being planned for an initial enrollment of approximately 180-190 students.

On December 18th, the Committee Chairman revealed several possible problems which have to be solved. These included rumours of limited financial and physical resources, also reports that staff limitations were severe within some of the Systems Committees. The members debated the relative merits of teaching the didactic portions in a central location, or at the individual peripheral hospitals (decentralized system). It was finally decided to defer a final decision regarding the launching of Period II until February, 1969.

On January 15th, the Committee met for the first time in 1969. The major problems as mentioned above were again presented. Several possible solutions were suggested, including "streaming" a system whereby more than one System would teach during the same time, thus spreading the staff load; however, it was pointed out that this detracted from the integration of the Systems approach. Other

suggestions included: peripheral didactic teaching, and increased numbers of students in seminars, labs and clinic groups. Several members spoke in favour of and against each of these suggestions. A motion was deferred until February 3rd.

On February 3rd, debate was resumed regarding streaming vs. block teaching and peripheral vs. central didactic sessions. A motion was finally passed however, to the effect that Period II teaching in the New Curriculum begin in January, 1970, although modifications in present-day plans will be necessary before that time.

It should therefore be noted that the actual programme for Period II will likely be considerably different than the programme outlined in the first issue of the Auricle, e. g. teaching of two or more systems at the same time; didactic teaching in the hospitals rather than centrally on campus; increased size of seminar and clinic group sizes (e. g. 18 students to one seminar leader).

Student Health Organization
at the University of Toronto

General Philosophy

- to foster a team approach to health care through members of the health team -- whether doctors, nurses, physical and occupational therapists or social workers -- talking about and working on health-related topics.
- to provide a more meaningful awareness of the social realities of the urban community.

With these general ideas in mind, S.H.O.U.T. is setting up a Community Health Centre in the area of Alexandra Park, an urban redevelopment area in downtown Toronto. Our location is 314 Bathurst in what was formerly a medical clinic. From the outset, it should be stressed that the aim of the centre is to provide a whole spectrum of facilities for the people in the area. The actual diagnosis and treatment of patients will be handled by III and IV year medical students under professional supervision with the help of higher year nursing and P. and O.T. students. Students not as far advanced in their courses -- as well as those just mentioned -- will be available to perform simple lab tests, to sit around and talk to people who might drop by and to provide help where possible.

We plan to work in as close association as possible with existing organizations such as Toronto Western Hospital, the public health department and the social agencies.

Through working with the people on a totally human basis, we hope to broaden the existing approach to health problems.

If you are interested in what S.H.O.U.T. is trying to do and would like to help us out whether as a volunteer or to help us obtain funds, medical supplies, physicians, etc., then give us a call at the centre - 366-4474 - in the evenings.

Jerry Green
(Meds III) 533-8501

Mardi Cornish
(Pots I) 483-0916

Paul Fralick 425-4155
(Meds I)

Louise Allen 920-3594
(Nursing II)

PERIOD III

Since our last report, many significant events have occurred which concern the proposed Clinical Clerkship Programme. On November 8th, 1968, the Senate of the University officially approved the plans to begin the Clerkship on June 9, 1969. Since then, the first class to be involved, the present third medical year, have met with various staff physicians and concrete plans are being made.

I. Allocation of Students to Hospitals

It was decided by the Administration, that Sunnybrook would not be used as a "home base" hospital for the 1969-1970 academic year, but that Medical and Psychiatric rotation would be provided there for clerks from other hospitals. The Hospital for Sick Children (H.S.C.) also is not considered a "home base" hospital but will provide Paediatric teaching for the clerks from all other hospitals. Thus, there are six "home base" hospitals. On December 11, 1968, 172 members of the present III Medical class were assigned to these based on their preference. Where there were more applications than positions available, the students were chosen by lot. Most got their first or second choice; one student was assigned to his sixth choice hospital. See table.

II. Accommodation: The hospital administrators have undertaken to provide duty-rooms for one-third of the students assigned to the hospital while "living-in" accommodation probably will be unavailable at most hospitals for the first year of the clerkship. Adequate libraries and teaching facilities will be made available.

III. Straight Internship: So far, the Dean's Office has only stated that a student will not be eligible for straight internship if he uses his "Elective" period as free time. However, it is likely that those taking "academic" electives will be provided with a letter from the Dean stating they have completed a satisfactory rotating clerkship.

IV. Student Responsibility: As a member of the clinical team of staff teacher, resident and clinical clerk, the student will be the first person to examine selected patients, and his history and physical will be reviewed, and his orders for therapy and investigation discussed and counter-signed by a graduate physician.

V. Didactic Teaching: 10 hours/week is scheduled, three of these to be "CENTRAL" teaching, in that the same subject matter will be handled in the same sequence in all the hospitals, although not necessarily at the same time during the week.

The total central time teaching will amount to 125 hours, with none in the first or last week of the 45-week clerkship. Specific topics have been decided upon by most of the departments and systems committees involved and have been reviewed by our committee. Authors have been selected, and they are preparing 20-minute presentations which will be given in each hospital. At the hospital, a seminar leader will lead a 40-minute discussion based on the "central" presentation. It has been decided not to present each system in a block, but to present management of emergency situations early in the year, and the remainder sometime later. A schedule of central teaching is presently being drawn up by our committee. Since videotape facilities will not be available for 1969-70, Dr. Swanson is planning on providing tape-recorded lectures with slides chosen for illustration for the central presentations. Each author is free to use this or any other method (e. g. handouts) to present his "core" material. The didactic teaching programme will be drawn up by each hospital.

- VI. Electives: Dr. Morch has drawn up a list of elective subjects available in Toronto, but the student is free to make his own arrangements for this $7\frac{1}{2}$ week period. If he wishes to be eligible for straight internship, he must take an "academic" elective, related in some way to a possible medical career. The student must decide what he would like to study, when and where he would like to do it, and then must discuss with his supervisor, the aims, scope and evaluation of the proposed programme. Final choices must be submitted before March 1st, and assignments will be made, based on the student's preference, in early March. The student will take his assigned elective period whether or not he is required to write supplemental exams in August.
- VII. Evaluation: Each department will assess the performance of its assigned students at the end of each term. In order to determine methods best suitable for evaluation, Dr. A. I. Rothman has attended several committee meetings. Drs. Horsey and Boone of the Period III Committee, will meet with Dr. Rothman and the student representative to discuss methods of evaluation.
- VIII. Responsibility: The division of authority on clerkship matters is somewhat diffuse. Principles of the clerkship and suggested format are proposed by the Period III Committee, which has three student representatives. Responsibility for all matters concerning the clerkship (accommodation, schedule etc.) is dealt with by the Clerkship Committee in each hospital, which has a hospital chairman and a student representative, the Chairman of the Clerks, selected by the clerks assigned to that hospital. The Central Time presentations are drawn up by the authors and seminar leaders are chosen in each hospital by the Department and Systems committee, through the Chairman of the Clerkship Committee in each hospital.

Plans: Future meetings will deal with specific details of accommodation, finances, timetabling and electives. As implementation is only four months away, many problems are now demanding urgent solution, and the pace will become more frantic as we approach June. However, prospects are good.

J. K. Foster, Period III

CLERKSHIP PROGRAMME - PROPOSED FOR 1969-70

<u>TOTAL</u>	<u>NO. CLERKS</u>	<u>LIVING-IN ACCOMMOD.</u>	<u>CHM'N. CLERKSHIP COMM.</u>	<u>CHM'N CLERKS</u>	<u>ASSOCIATED HOSPITALS</u>
Int	20	NO	Dr. D.R. Bohnen	Paul Friedman	1. H.S.C. (Paeds-7½ wk) 2. T.T.H. (Ophth-2 wk) 3. T.G.H. (ENT- 2 wk)
Bel's	30	NO	Dr. W.J. Horsey	George Ebers	1. H.S.C. (Paeds-7½ wk) 2. Sunnybrook *(Meds- 7½ wk)
General	45	NO	Dr. W. H. Francombe	Bill Evans	1. H.S.C. (Paeds-7½ wk) 2. Sunnybrook *(Meds-7½ wk) 3. Sunnybrook *(Psych- 4 wks)
tern	30	NO	Dr. D. Schatz	Paul Bates	1. H.S.C. (Paeds-7½ wk) 2. Sunnybrook *(Meds-7½ wk)
	30	YES	Dr. H. Smythe	Paul Kent	1. H.S.C. (Paeds-7½ wk) 2. Sunnybrook *(Meds-7½ wk) 3. Sunnybrook (Ophth.-2 wk)
lege	17	YES	Dr. R. K. Schachter	John Cowell	1. H.S.C. (Paeds-7½ wk) 2. T.G.H. (Ophth-2 wk) 3. T.G.H. (ENT-2-wk) 4. Sunnybrook *(Psych.-4 wk) 5. Clarke Inst. (Psych O.P.D. - 2 hr. (wk)
7. Sunnybrook (not a home-base ital)		YES	Dr. Knight	Andy Davies	
for children home-base (ital)		NO	Dr. J. E. Boone	Larry Librach	

* One clerk chosen from group to live in at Sunnybrook

ELECTIVES COMMITTEE REPORT

The current time-table for the development of the Electives Programme for those students entering final year in June, 1969 is:

- (1) catalogue of currently available elective projects, listing all necessary details, was distributed to all hospital libraries in Toronto on January 23rd and was also made available directly to class members subsequently;
- (2) matching of students to projects and early assignments will begin on February 14;
- (3) all applications must be submitted to the Electives Committee by March 1st;
- (4) late Elective proposals from the Faculty will be added to the loose-leaf catalogue as soon as they are available.

In December, Bob Sorokolit spoke to III Meds about Electives and distributed a three-page guide to the Programme. The Meds III class also heard results of the Electives survey held in the class by Dave Sliwicz in the fall:

- only 48% of the class returned completed questionnaires, and most wanted to do clinical medical projects.
- only one student wanted a "Free-Time" Elective for his 8-week period, and was willing to do a rotating internship, unlike the straight internship that will be available for those who take an approved "academic" elective project.
- only six students wanted to do research, mainly to complete work on projects they have been developing for additional diplomas, e. g. B. Sc. (Med.)
- about 25% of the class wanted to spend their elective time in exploring General Practice inside and outside Toronto.
- about 10% of the class wanted to travel outside Canada for their Elective projects.
- only one student wanted to take a non-medically orientated Elective, i. e.. in learning Italian, despite the wide freedom of study advocated by the Electives Committee.

In January, Dr. John Worch, Electives Co-ordinator, spoke.

The next meeting of the Committee will review the recent student-originated elective proposals, and also consider mechanisms to handle requests for electives in Toronto from medical students having similar programmes at other universities.

For the Electives Committee: Paul Randall - I Meds
Mike Rynne - II Meds
Dave Sliwicz - III Meds
Bob Sorokolit - IV Meds

QUIZMANSHIP
or
THE INSTRUCTION OF THE EXAMINER

In the teacher-student relationship which exists in the Faculty of Medicine, there eventually arises the problem of evaluating the knowledge and ability of each student. The methods for achieving this evaluation have been debated and studied for many years, and basically, boil down to the written examination, the practical examination, e. g. the bell-ringer of Anatomy, and the clinical bed-side quiz. It is fully realized that in the one-to-one confrontation of the interview technique as prevails in the clinical quiz, a number of factors may influence the examiner in assigning an evaluation, which may have little to do with the level of the student's knowledge, or his skill in clinical examination of the patient. Recent experience in the 1968 Surgical quiz for the third year, has prompted me to set down some observations which might be of assistance to both student and examiner in reaching a true evaluation of the student's level of proficiency. Many of these points are obviously appreciated by the majority of students. That this appreciation is far from universal, will be seen by the following examples, all of which have been taken "from real life", and would appear to point to a "death-wish" on the part of the student.

1. Arrive late - this provides the student with an excellent excuse for gaps in the patient history, or for the incomplete examination of the patient.
2. Don't worry about your appearance - the tousled unkempt look tells the examiner that you are so devoted to your studies, that your personal appearance is of no importance to you.
3. Avoid standing straight on your own two feet. Lean against the bed, prop a foot on the railing -- it suggests that you are so at home in these surroundings, that you can really relax and take it easy.
4. Never have available all the instruments necessary for examining the patient. No examiner can expect you to know about sensory loss if you don't have a pin, or the absence of a pupillary reflex if you forgot a flash-light.
5. Enlarge on the patient's history, and be short on physical findings. This uses up time, and suggests you really understand the value of history-taking. This is especially true if you toss in as many irrelevant points of history as possible, and omit an obvious physical finding.
6. Re-phrase the examiners question for him, e.g. "you mean, don't you?". This helps the examiner to achieve a more concise use of the English language, and shows you are being helpful.
7. Don't answer the question he asks you, but answer other questions related to it, e.g. Q. What are the early symptoms of carcinoma of the stomach?
A. Metastases from carcinoma of stomach may first appear as enlargement of the

8. Look puzzled at the question - gaze at the examiner with an expression that suggests the question is either too obvious or too redundant to merit a reply. It puts him off his stride.
9. Know the theories of the etiology a particular disease cold. Then, miss the obvious physical finding. A great opener.
10. Omit the obvious (obvious to the student, that is) e. g., Q. How would you determine if a duod. ulcer was bleeding. A. Hb, blood volume, signs of shock, C VP, history. Q. How about testing the stool for blood. A. Ob- naturally I would have done that first. Examiner - "Naturally".
11. Don't just answer the question - push on and open new fields for discussion. Anything, but don't stop talking.
12. Question the examiner. A good ploy after the quiz, is to ask him how he feels about the DNA double Helix as related to seborrheic dermatitis. Shows you are a cut above the average. Especially important, if you think your answers to his questions have been less than perfect.

All of which is respectfully, helpfully, and wearily, submitted.

P. G. Klotz, M. D.,
Asst. Professor of Surgery.

